

Information Collection
Underground Injection Control (UIC) Class V Well Study
Direct Heat Return Flow Wells

U.S. Environmental Protection Agency
Washington, DC 20460

NOTE: If there is a more appropriate person to complete this questionnaire, please forward it.

Please provide missing information and/or update the contact information provided below.

	Contact
State:	
Name of Contact:	
Name of Agency:	
Street Address:	
City, State Zip:	
Phone Number:	
E-mail Address:	

If you have any questions or need assistance filling out this questionnaire, please contact:

Class V Coordinator
(703) 931-8700

EPA is required to collect this information as part of its consent decree with the Sierra Club, which was amended in 1997. EPA is authorized to collect this information under § 1421 of the SDWA, 42 USC §300h. Responses to this collection are voluntary. The public reporting and recordkeeping burden for this collection of information is estimated to average 2 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division • U.S. Environmental Protection Agency (2137) • 401 M St., S.W. • Washington, D.C. 20460 • ; and to the Office of Information and Regulatory Affairs, Office of Management and Budget • 725 17th Street, N.W. • Washington, D.C. 20503 • Attention: Desk Officer for EPA. • Include the EPA ICR number and OMB control number in any correspondence. Do not send the completed form to this address.

Information Collection on Direct Heat Return Flow Wells

DEFINITION: Direct heat return flow wells dispose of spent geothermal fluids following the extraction of heat used directly (without conversion to electric power or passed through a heat exchanger) to heat homes, swimming pools, etc.

We are only asking you to submit data that has already been collected by the State and is readily available. Please answer the following questions to the extent possible based on existing information.

1. Regulations

We are obtaining regulations from the State Underground Injection Control (UIC) program. If direct heat return flow wells are regulated under a separate statute or regulation, please provide the citation(s) or attach appropriate copies. ☐ Check if attached.

2. Number of Direct Heat Return Flow Wells

2a. Indicate the number of direct heat return flow wells that can be documented in the State (excluding wells that have been permanently plugged and abandoned): _____

2b. In your judgement, does the number given in 2a accurately reflect the number of wells in the State?

☐ Yes ☐ No Go to Question 3.

☐ No

2c. Please estimate the number of wells in the State (excluding wells that have been permanently plugged and abandoned): _____

2d. What is the source of the estimate given in 2c (e.g., survey, model, best professional judgement)?

Please explain the methodology used to derive the estimate.

3. Location of Direct Heat Return Flow Wells

Please provide the location of each direct heat return flow well in your inventory. We would prefer latitude and longitude coordinates (a). If that information is not available, please provide other location information such as zip code (b), county (c), Quarter/Section/Township/Range (Q/S/T/R) coordinates, or other identifying information (d). If you have a database containing this information, you may submit this information in any format that is convenient for you instead of completing the following table. If completing the table or submitting information will be extremely time consuming or financially burdensome, please contact the Class V coordinator (see cover page). Please copy this page if you need additional lines.

One well per line please.

Unique well identifier (e.g., permit no., operator name)	PLEASE COMPLETE (a), (b), (c), OR (d). WE PREFER (a).				
	(a) Latitude/ Longitude (to minutes)		(b) Zip Code	(c) County Name	(d) Other Location Information (e.g., Q/S/T/R, UTM)
	Latitude	Longitude			

4. How many direct heat return flow wells do each of the following entities own/operate in the State?

Owner/Operator Type	Number of Wells
Private entity	
Utility	
Federal government	
State government	
Total*	

*The total should match the response given in Question 2a.

5. Does the State have construction and/or siting requirements for these wells?

9 Yes ☐ Please describe briefly below, or attach appropriate information. **9** Check if information attached.
9 No ☐ Go to Question 7.

6. Does the State conduct inspections or review records to ensure that construction/siting requirements are met?

9 Yes ☐ Please describe briefly below.
9 No ☐

7. Does the State have operating requirements (e.g., contaminant limits, monitoring requirements) for these wells?
Please note that MITs are addressed in Questions 10 through 12.

9 Yes ☒ Please describe briefly below, or attach appropriate information. **9** Check if information attached.

9 No ☒ Go to Question 9.

8. Does the State conduct inspections or review records to ensure that operating requirements are met?

9 Yes ☒ Please describe briefly below.

9 No

9. Does the State impose financial responsibility requirements?

9 Yes ☒ Please describe briefly below, or attach appropriate information. **9** Check if information attached.

9 No

10. Does the State require operators to conduct mechanical integrity tests (MITs)?
☒ Yes
☒ No ☒ Go to Question 13.
11. When are MITs required (check all that apply)?
☒ Prior to commencing injection.
☒ Periodically during well operation. Frequency _____
12. Can you provide data on MIT failure rates in your State?
☒ Yes ☒ Please attach such information. ☒ Check if attached.
☒ No
13. Does the State have closure requirements for these wells?
☒ Yes ☒ Please describe briefly below, or attach description. ☒ Check if description attached.
☒ No

14. We are interested in data on any constituents that may be injected into these wells (even if there are no drinking water standards associated with the contaminant). Are studies on injectate quality or injectate quality (sampling) data available?
☒ Yes ☒ From whom is this information available?
☒ No

15. Have there been any incidents in your State in which a direct heat return flow well contributed to contamination of an Underground Source of Drinking Water (USDW)? Contamination can include exceedances of Federal or State drinking water standards, ground water standards, or health advisory levels.

☐ Yes ☐ If any study or description of the incident exists, please provide us a copy. If not, please provide a brief summary for each incident. To the extent this information is available, include a description of what happened, the impact on ground water quality or drinking water wells (public or private), the date of the incident, the name of the city or county in which the incident occurred, and the name and phone number of a contact for follow up. ☐ Check if description(s) attached.

☐ No

☐ Don't Know

Please Go To Page 7 and Complete the Additional Contacts Section.

Additional Contacts

Please list individuals that could help answer our questions on direct heat return flow wells. Include individuals from other State programs, local programs, or institutions such as universities, as appropriate

Name/Title: _____	Name/Title: _____
Affiliation: _____	Affiliation: _____
Street Address: _____ _____	Street Address: _____ _____
Telephone Number: _____	Telephone Number: _____

Thank you for your assistance.

Please remember to:

☐ Attach appropriate information.

☐ Return this questionnaire

In the pre-paid Federal Express envelope to:
Class V Study Coordinator
4900 Seminary Road
Suite 600
Alexandria, VA 22311

By fax to:
Class V Study Coordinator
(703) 931-8701